

## APPLICATION CHECKLIST

# Weatherization Assistance Program EmPower New York Program

This checklist will help ensure that your application will be processed in a timely manner. Please place a ☒ in the appropriate box once you have ensured that all Application Sections are complete and the required documentation is provided. Applications are processed on a first come, first serve basis.

- ☐ **General Applicant Information (Sections A, B & C) – Verify that all required fields are completed (unless marked as “optional”).**

### Energy Information (Section D):

- ☐ Sign Customer Fuel/Energy Bill Release Authorization
- ☐ Include a copy of complete Electric Bill
- ☐ Include a copy of complete Gas Utility Bill or bill from Fuel Supplier if heating by propane, oil, kerosene, wood or coal

### Income Information (Section E)

- ☐ Complete table listing all household members and their income.

### Income (Section F)

(gross income calculations and required documentation documents are listed on page 4).

- ☐ Award letter for ONE of the following: HEAP, SNAP (Food Stamps), TANF (Temporary Assistance for Needy Families) or Supplemental Security Income dated within the past 12 months

or

All household gross income for the last month:

- ☐ Pay stubs
- ☐ Social Security and Social Security Disability
- ☐ All forms of income including disability, worker's compensation, unemployment, pension, maintenance, annuities, Veteran's benefits and all other income
- ☐ Self Employment

### OWNERS ONLY:

Include ONE of the following as Proof of Ownership:

- ☐ Current Property/School Tax Bill
- ☐ Deed
- ☐ Bill of Sale for mobile/manufactured homes
- ☐ Mortgage Statement

### RENTERS ONLY:

- ☐ Landlord Name, Address and Phone Number provided in Section B

### Applicant Affirmation (Section G)

- ☐ Read and sign

### Attachment 1 – Frequently Asked Questions and Personal Privacy Protection Law Provisions

- ☐ Keep for your records

## APPLICATION

# Weatherization Assistance Program EmPower New York Program



The following information will help determine which programs are the most appropriate for you.  
Please print clearly and provide as much information as possible.

### SECTION A: APPLICANT INFORMATION

|                                           |                                   |                                     |                                  |
|-------------------------------------------|-----------------------------------|-------------------------------------|----------------------------------|
| Name                                      |                                   | Social Security Number              |                                  |
| Address                                   |                                   | Apt #<br>NY                         |                                  |
| City                                      | State                             | Zip                                 |                                  |
| County                                    | Primary Phone (include area code) | Secondary Phone (include area code) |                                  |
| Email                                     |                                   |                                     |                                  |
| Mailing Address (if different from above) |                                   |                                     |                                  |
| Additional Contact Person                 |                                   | Relationship to Applicant           | Phone Number (include area code) |

### SECTION B: DWELLING INFORMATION

☐ I own    ☐ I rent    I have lived here \_\_\_\_\_ years    Approximate age of the home \_\_\_\_\_

☐ Single Family    ☐ Multifamily \_\_\_\_\_ # of units

☐ Manufactured/mobile home    ☐ Group home/shelter    ☐

If you rent, certain upgrades require owner permission. Please provide owner information below:

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

Who pays for the heat at the dwelling?    ☐ I pay    ☐ Owner

Who pays for the electric at the dwelling?    ☐ I pay    ☐ Owner

Does your roof leak?    ☐ Yes    ☐ No    If yes, which rooms: \_\_\_\_\_

Do you own your refrigerator?    ☐ Yes    If yes, about how old is it? \_\_\_\_\_ years    ☐ No

Do you use a second refrigerator?    ☐ Yes    If yes, about how old is it? \_\_\_\_\_ years    ☐ No

Do you use a separate freezer?    ☐ Yes    If yes, about how old is it? \_\_\_\_\_ years    ☐ No

### SECTION C: HOUSEHOLD DEMOGRAPHICS

Total number of members in the household: \_\_\_\_\_

Please indicate the number of household members who are:

Person with disabilities \_\_\_\_\_ Children age 17 or younger \_\_\_\_\_ 60 years or older \_\_\_\_\_

## SECTION C: HOUSEHOLD DEMOGRAPHICS (CONTINUED)

### OPTIONAL

Please add any information that we may find helpful in reducing your energy consumption and list occupant health issues or special needs that we need to be aware of:

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## SECTION D: ENERGY INFORMATION

Property Address: \_\_\_\_\_

My primary heating fuel is:

- ☐ Electric ☐ Oil ☐ Kerosene ☐ Natural Gas ☐ Propane ☐ Wood  
☐ Pellets ☐ I don't know ☐ Other: \_\_\_\_\_

My secondary heating fuel is:

- ☐ Electric ☐ Oil ☐ Kerosene ☐ Propane ☐ Wood ☐ Pellets ☐ Coal  
☐ I do not have secondary fuel ☐ Other: \_\_\_\_\_

Secondary Supplier Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

My water heater runs on:

- ☐ Electric ☐ Oil ☐ Natural Gas ☐ Propane ☐ I don't know

ELECTRIC UTILITY: If you are responsible for the electric bill, provide the following:

Utility Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ If NYSEG or RG&E – POD # \_\_\_\_\_

GAS UTILITY: If you are a natural gas utility customer and responsible for the bill, provide the following:

Utility Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ If NYSEG or RG&E – POD # \_\_\_\_\_

PRIMARY FUEL SUPPLIER: if you heat by a fuel other than natural gas or electricity, provide the following:

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Do you have a maintenance agreement for your heating system? ☐ Yes ☐ No

If yes, list the name of the maintenance provider: \_\_\_\_\_

CUSTOMER AUTHORIZATION for Release of Fuel/Energy Bills (for previous two years and future three years)

My signature certifies that I am financially responsible for the account(s) listed on this application. I hereby consent and authorize the electricity and fuel suppliers named in this application to release any and all energy usage information, including account number(s), related to the above property address, to representatives of the New York State Energy Research and Development Authority (NYSERDA), and the Weatherization Assistance Program (WAP), and/or its designated representatives for the period beginning two years prior to the application date and ending three years after program participation. I understand that this information will be kept confidential, to the extent permitted by law, and used only for the purpose of determining program eligibility, estimating energy savings, program implementation, and evaluation, including the evaluation of achieved energy savings.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION E: INCOME INFORMATION*****Include the following information for each household member.***

| Name                                  | Age | Student<br>(Yes or No) | Source(s)<br>of income | Weekly | Monthly | Yearly |
|---------------------------------------|-----|------------------------|------------------------|--------|---------|--------|
|                                       |     |                        |                        | \$     | \$      | \$     |
|                                       |     |                        |                        | \$     | \$      | \$     |
|                                       |     |                        |                        | \$     | \$      | \$     |
|                                       |     |                        |                        | \$     | \$      | \$     |
|                                       |     |                        |                        | \$     | \$      | \$     |
|                                       |     |                        |                        | \$     | \$      | \$     |
|                                       |     |                        |                        | \$     | \$      | \$     |
|                                       |     |                        |                        | \$     | \$      | \$     |
|                                       |     |                        |                        | \$     | \$      | \$     |
| <b>Total Income for the Household</b> |     |                        |                        | \$     | \$      | \$     |

☐ Check here if you have received HEAP within the past 12 months.

**SECTION F: INCOME DOCUMENTATION**

A. ☐ Provide a copy of ONE of the following:

Copy of entire award letter for HEAP, SNAP (Food Stamps), TANF (Temporary Assistance for Needy Families) or Supplemental Security Income dated within the past 12 months

B. ☐ Only if you cannot provide one of the documents listed under A, provide income documentation as follows:

- All household gross income for the last month: Pay stubs. To obtain monthly income total, if income is:
  - Weekly - multiply weekly income representing 4 most recent weeks by 4.3
  - Bi-weekly: multiply 2 most recent consecutive weeks by 2.15
  - Twice a month: multiply by 2
- Social Security and Social Security Disability: copy of award letter
- Documentation of all forms of income including disability, worker's compensation, unemployment, pension, maintenance, annuities, Veteran's benefits and all other income.
- Self Employment: IRS Report of Quarterly earnings for the last three months

## SECTION G: APPLICANT AFFIRMATION

I authorize release of my contact information, dwelling information, and income documentation to representatives of NYSERDA, to the Weatherization Assistance Program (WAP) and/or its designated representatives, to any community-based organizations identified on this application, and to my utilities. I understand that the information provided by me will be used only for the purposes of determining eligibility for NYSERDA's residential programs and financial incentives, eligibility for the WAP, and for estimating and evaluating energy savings. I understand that all information will be kept confidential, to the extent permitted by law. I understand that if energy efficiency services are provided to me through NYSERDA's EmPower New York program or WAP, there will be no cost to me and that participation in these programs will not affect my social security, public assistance, or any other income.

I understand that this application does not guarantee that assistance will be granted to me. Whether or not services are provided will depend on the number of applications received and the availability of funds and priorities established by the programs. I also understand that I will not be eligible to receive financial incentives or rebates from an electric or natural gas utility for measures provided at no cost through NYSERDA programs or the WAP.

I agree to provide NYSERDA representatives, the WAP representatives, and independent participating contractors access to my dwelling, at times that are mutually acceptable, to perform program activities including energy inspections, installation of measures, and Quality Assurance activities. I understand that participating contractors are independent contractors and provide a one-year warranty on labor for work completed. I further understand that participating contractors and vendors will provide appropriate warranties on any equipment provided and that no additional warranties are provided by NYSERDA or the WAP.

I subscribe and affirm, under the penalties of law, that the statements made on all parts of this application, including statements made on any accompanying documents, have been examined by me and are to the best of my knowledge true and complete. I understand that my signature on this form gives permission for NYSERDA, representatives of the WAP, and their designees, to assure my eligibility for NYSERDA's programs and the WAP. I consent to any inquiry to verify or confirm the information that I have given. I understand that if I give false information or withhold information in order to receive benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law. I also state that no person named in this application is subject to disqualification for weatherization services under the Immigration Reform and Control Act of 1986 (Public Law 99-063). I have read and understand the provisions of the Personal Privacy Protections Law in Attachment #1.

X

Applicant Signature

Date

X

Applicant Representative Signature

Date

**Your contact information may be shared with other residential programs within NYSERDA. To opt out of this, please initial here.** \_\_\_\_\_

### AGENCY USE ONLY

Reviewed By: ☐ HEAP ☐ OFA ☐ Utility ☐ Weatherization Subgrantee ☐ EmPower ☐ Other: \_\_\_\_\_

Check all benefits that the household receives: ☐ SSI ☐ HEAP ☐ SNAP ☐ TANF

On the basis of the information provided by the applicant, the household is determined to be:

☐ Eligible for Weatherization ☐ NOT Eligible for Weatherization

☐ Eligible for EmPower ☐ NOT Eligible for EmPower ☐ EmPower eligible, but wait-listed for Weatherization

Check here if: ☐ Household was previously served by Weatherization

☐ Household ineligible for further services through EmPower

Additional Comments:

**Agency Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

## SECTION H: DEMOGRAPHICS

To assist NYSERDA in understanding the impacts of our programs on local communities, please complete the below demographic questions. Answering these questions is optional and does not affect your program eligibility.

**Indicate the number of household members who are:**

60 years of age or older: \_\_\_\_\_ Disabled: \_\_\_\_\_ 17 years of age or younger: \_\_\_\_\_

Past/current military service members: \_\_\_\_\_

**Indicate if the applicant is: (select at least one, and as many as applicable)**

- |                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Prefer Not to Answer                            | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Native American / First Nation / Alaskan Native | <input type="checkbox"/> White                               |
| <input type="checkbox"/> Asian                                           | <input type="checkbox"/> Unknown                             |
| <input type="checkbox"/> Black or African American                       | <input type="checkbox"/> Other                               |

**Indicate if the applicant is:**

- |                                                                   |                                               |
|-------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Hispanic, Latino, or Spanish Origins     | <input type="checkbox"/> Unknown              |
| <input type="checkbox"/> Not Hispanic, Latino, or Spanish Origins | <input type="checkbox"/> Prefer Not to Answer |

**Indicate how many members of the household are: (select at least one, and as many as applicable)**

| <u>Number</u> | <u>Race</u>                               |
|---------------|-------------------------------------------|
| _____         | American Indian or Alaska Native          |
| _____         | Asian                                     |
| _____         | Black or African American                 |
| _____         | Native Hawaiian or Other Pacific Islander |
| _____         | White                                     |
| _____         | Multi-race (two or more of the above)     |
| _____         | Other                                     |
| _____         | Prefer not to answer                      |

**Indicate ethnicity of household members including primary applicant:**

| <u>Number</u> | <u>Ethnicity</u>                         |
|---------------|------------------------------------------|
| _____         | Hispanic, Latino, or Spanish Origins     |
| _____         | Not Hispanic, Latino, or Spanish Origins |
| _____         | Unknown                                  |
| _____         | Prefer not to answer                     |

## **ATTACHMENT 1 - Keep for Your Records**

# **Frequently Asked Questions**

## **EmPower New York and Weatherization Assistance Program**



### **Are services really free?**

Yes – State residents meeting the Weatherization or EmPower New York eligibility requirements can receive home energy services through the programs at no cost.

### **Do Weatherization and EmPower New York provide services to renters as well as owners?**

Yes – both programs provide energy services to anyone who owns or rents a home and meets all of the eligibility requirements. Owners of rental properties that receive Weatherization funds are generally required to contribute a portion of the cost of the work.

### **What are some of the no-cost energy services that Weatherization or EmPower New York may provide?**

- Replacement of old-style light bulbs with high-efficiency lighting.
- Replacement of inefficient refrigerators and freezers with new ENERGY STAR® certified models.
- Added insulation to keep your home more comfortable.
- Strategic air sealing to reduce drafts.
- Heating system upgrades and repairs.
- Everyday strategies and tips to help you manage your energy costs.
- Minor repairs to ensure that the installed energy efficiency materials will perform correctly.
- Health and safety measures to help ensure indoor air quality.
- Identification of any hazardous conditions discovered during the energy audit.

### **If I accept work from Weatherization and/or EmPower New York, is a lien going to be on my home?**

#### **Am I required to pay the program back if I move or my income changes?**

There is no cost or future obligation for eligible residents that participate in the Weatherization Program or EmPower New York.

### **Do the contractors perform code inspections?**

No – Weatherization and EmPower New York contractors are not Code Enforcement Officials.

### **Can I hire my own contractor?**

No – all work will be completed by a contractor accredited by the Building Performance Institute (BPI), a national organization that sets the technical standards for contractors in energy efficient building performance, so you know they're applying the latest knowledge and technology to the energy efficiency of your home.

### **Can I get paid back for work I have already performed?**

No – Weatherization and EmPower New York cannot reimburse you for work that has already been completed.

# Privacy Protection Information

## Weatherization Assistance Program



The New York State Personal Privacy Protection Law (Public Officers Law, Article 6-A) requires in §94(1)(d) that each subgrantee of the Weatherization Assistance Program that maintains a system of records provide each subject from whom it requests information with certain notifications as provided below.

### **Name of agency requesting and responsible for information:**

New York State Homes and Community Renewal  
[www.nyshcr.org](http://www.nyshcr.org)

### **Authority for collection and principal purpose for which the information is collected:**

The Energy Conservation and Production Act (P.L. 94-385) §416 and §417 and the Low-Income Home Energy Assistance Act of 1981 (P.L. 97-35, as amended) require the State to keep records for the purposes of monitoring and evaluation and for the preparation of reports, and that eligibility for the program be established, which requires the collection of personal information, including the Social Security number of the applicant.

### **Effects of not providing the requested information:**

If information requested on the Weatherization Application is not provided, the applicant's application may be delayed.

### **Routine uses for the collected information:**

This information is used by New York State Homes and Community Renewal and its subgrantees for administration of the Weatherization Assistance Program. Some of the information collected is aggregated and reported to the New York State Office of Temporary and Disability Assistance and to the United States Department of Energy. This information may also be used to perform data matches with other state and federal agencies, to verify your eligibility for assistance, and for improving delivery of services and program evaluation. No personally-identifiable information is used for this purpose.

### **Subgrantee Information:**